

Information

Business name: _____

Business location
 in Nova Scotia: _____
(civic number and street) *(apt / suite / unit)*

_____ **NS** _____
(town or municipality) *(province)* *(postal code)*

Mailing address
 (if different
 from above): _____
(number and street, PO box, etc.) *(apt / suite / unit)*

_____ *(town or municipality)* _____ *(province)* _____ *(postal code)*

Attention: _____
(first name and middle initial) _____ *(last name)*

Clearly describe the
 activities of the
 business name: _____

operated by the Society for purposes pursuant to Subsection 3(1) of the Societies Act

Operating under the Business Name since: _____
(year / month / day)

The information in this box will not be made available to the public.

Do you already have a Business Number (HST/GST number or payroll number) from the Canada Customs and Revenue Agency (CCRA)? If yes, check box

If you know what the number is, enter it here: _____
(CCRA number)

Please provide contact information where you can be reached during business hours: _____
(telephone number)

_____ *(fax number)* _____ *(E-Mail address)*

Recognized Agent

All correspondence from the Registry will go to the agent unless the Registry is given written instructions to the contrary.

The Recognized Agent must be resident in Nova Scotia. Service upon the Recognized Agent of any writ, summons, process, notice or other document shall be deemed to be sufficient upon the company, and this appointment shall remain in force until notice in writing by the company that the individual has ceased to be the Recognized Agent is filed with the Registry.

Recognized agent:

_____ (first name and middle initial) _____ (last name)

Civic address
 in Nova Scotia:

_____ (civic number and street) _____ (apt / suite / unit)

_____ (town or municipality) NS _____ (postal code)
 (province)

Mailing address
 (if different
 from above):

_____ (number and street, PO box, etc.) _____ (apt / suite / unit)

_____ (town or municipality) _____ (province) _____ (postal code)

Society Information

Society name:

_____ (name of society) _____ (Registry of Joint Stock Companies number)

Name of director signing for the Society:

_____ (type or print)

_____ (position in the society)

* Only a director on file with the Registry can sign for a Nova Scotia Society.

Declaration

I claim that the information on this form is true and authorize any of the government departments and agencies using the Nova Scotia Business Registry system to access and use the information on this form for program purposes.

Director signature:

Date signed:

_____ (print or type name)

_____ (signature)

_____ (year / month / day)